

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 | 563025

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3						
4						
5						
6						
7						
8						
9						
10						
11			1			
12						
13						
14						
15						
16						
17			1			
18						
19			1			
20			1			
21			1			
22			1			
23			1			
24						
25						
26						
27						
28						
29						
30						
31						
32			1			
33						
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43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			11			
TOTAL DEP.			24			
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
S1						
S2						
S3						
S4						
S5						
S6						
S7						
S8						
S9						
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S42						
S43						
S44						
S45						
S46						
S47						
S48						
S49						
S50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						